## Wisconsin Department of Safety and Professional Services

**Mail To:** P.O. Box 8935

Madison, WI 53708-8935 (608) 261-7083

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E-Mail: dsps@wisconsin.gov
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## DIVISION OF PROFESSIONAL CREDENTIALING PROCESSING

## MALPRACTICE SUITS OR CLAIMS FORM

This form must be completed in its entirety by the licensure applicant.

APPLICANT INFORMATION: (required)
Name of Applicant:
Application ID# Number: (if applicable)  Profession Applying For:
AFFIDAVIT OF APPLICANT:
I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential, or for renewal or reinstatement of a credential, may result in credential application processing delays; denial, revocation, suspension, or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause for disciplinary action.
Applicant Signature:  Date: / / / / / / / / / / / / / / / / / / /
List all malpractice suits, claims, or settlements in which you were involved. Provide a brief description of the allegations and final disposition. For any malpractice suits resolved within the past ten (10) years, provide copies of claims/suits, final settlements, dispositions, or dismissed information. (Continue on page two and/or attach additional sheets if necessary.)
Parties:
Date Filed: Date Resolved: / / / / / Date Resolved:
Court and Case No. Disposition:
Description of Legal Action or Claim:

#2829 (Rev. 4/16) Ch. 448, Stats.

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